

## **LEUKOTRIENE MODIFIERS PA SUMMARY**

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Claims history reviewed for the last rolling year to determine if at least 3 claims from the following medications have been used: Xanthines, Long-Acting Beta Agonists, Short-Acting Beta Agonists, Oral and Inhaled Steroids and Cromolyn
- ❖ Approvable Diagnosis/Indication: Asthma

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).